## The Stables Student Application Office - 229-386-2066

Fax - 229-386-0121

## E-mail-theoaks apartments 4@gmail.com

sunnysideapts1@gmail.com NO PETS ARE ALLOWED

Name	Social Security #
Present Address	Date of Birth
City, State, Zip	Applicant Phone #
Email	
School Attending:	
Name, Age, and Relationship of All Ot	
Noorost Polotivo Nomo	Phone #

<b>Applicant</b> □ <b>Yes</b> □ <b>No</b>
Occupants   Yes   No
Applicant □ Yes □ No
Occupants   Yes   No
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Applicant □ Yes □ No
Occupants   Yes   No

## PLEASE READ CAREFULLY AND SIGN BELOW

Correct Information--Applicant represents that all of the above statements are true and complete. Applicant hereby authorizes Property Staff to contact any references listed above and to obtain consumer reports, which may include criminal background information, about Applicant and any occupants in the apartment in order to verify the above information, references, credit and criminal records. Applicant further authorizes Property Staff to obtain subsequent consumer reports to ensure that Applicant continues to satisfy the terms of the tenancy, for the collection and recovery of any financial obligations relating to Applicant's tenancy, or for any other permissible purpose. Applicant hereby releases from all liability or responsibility all persons and corporations requesting or supplying such information. Applicant acknowledges that false, incomplete or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of this State. This Application is preliminary only and does not obligate Owner or Owner's agent to execute a Lease or to deliver possession of the dwelling unit to Applicant.

Property Staff Initials